

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO <b>10/065437</b>		FILING DATE		
							APPLICANT'S				
<b>8-18-03</b>							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							31				
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59							89				
60							90				
TOTAL IND	4		6				TOTAL IND				
TOTAL DEP	16		14				TOTAL DEP				
TOTAL CLAIMS	20		20				TOTAL CLAIMS				

BEST AVAILABLE COPY